

MDR Tracking Number: M5-04-3374-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 6-4-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that psychiatric service/therapy, physical performance tests, and pharmacologic management from 7-3-03 through 7-15-03 were not medically necessary.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service 7-3-03 through 7-15-03 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 22nd day of September, 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division
DA/da

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

REVISED 9/15/04

TWCC Case Number:	
MDR Tracking Number:	M5-04-3374-01
Name of Patient:	
Name of URA/Payer:	
Name of Provider:	
(ER, Hospital, or Other Facility)	
Name of Physician:	
(Treating or Requesting)	

August 9, 2004

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

CLINICAL HISTORY

There is a dearth of medical records provided to outline the medical history. However, there is one note that states "Pt is about 7 weeks post-op for FCE this morning". Then there is a prescription signed by Dr. S for Vicodin and Soma. On July 3 there was a 14 page questionnaire completed by the claimant in his own handwriting and a four line summary note signed by ____ (remainder of name illegible)MA, LPC. There is an assessment of the six behavioral assessments completed. Two week later on July 15, 2003 a Physical Performance Evaluation (aka Function Capacity Evaluation or FCE) was completed. The same day Dr. S evaluated the claimant and completed a single prescription with two medications noted.

REQUESTED SERVICE(S)

1. July 3, 2003; CPT 90899 Psychiatric Service also listed as unlisted psychiatric service or procedure.
2. July 15, 2003; CPT 97750 Performance test
3. July 15, 2003: CPT 97750 Performance Test
4. July 15, 2003; CPT 90862 Management (aka Pharmacologic Management)

DECISION

1. This was a patient driven, and it is unclear if the LPC supervised the data collection; however, there was a clinical indication for the possible need of such a program. What is problematic is the lack of medical records that note the past medical history and when the operative procedure alluded to by Dr. S was completed. If there was an operative procedure two week prior, then a CPM would not be remotely clinically indicated and the need for the psychiatric assessment absent. Therefore, there is insufficient clinical information presented to support the reasonableness of the request.
2. This was a Functional Capacity Evaluation (FCE). This was demonstrated by the ERGOS testing completed to the right upper extremity, left upper extremity, lifting bending and other parameters tested. The entrance into a Chronic Pain Program does not require a FCE evaluation. The psychiatric assessment already completed demonstrated the need for a CPMP. This is excessive and not reasonable and necessary for the care of this claimant.
3. This is a duplicative billing. The procedure was noted in #2 above thus this is not endorsed as this is a duplicate bill. This fee is not reasonable and necessary for the care of this claimant.
4. Medical management. It is not clear if Dr. S is the primary treating physician or not. Moreover, in that the billing was completed by Princeton Pain Management for Dr. L that confusion needs to be resolved. Moreover, as noted I the 1996 MFG the billing for this is to be \$3.00 per minute. There is no documentation to support that there was a 60 minute interview process, or a protracted and complicated clinical situation that would require such an intervention. One session of pharmacologic management does not take 60 minutes. Lastly, there is no data presented that the chronic pain program was approved or agreed to. This fee is not reasonable or necessary for the prescription signed.

RATIONALE/BASIS FOR DECISION

As noted above, there is a lack of clinical data presented to support the request. It was gleaned, without appropriate substantiation, that

there was a lumbar injury. This was treated with some sort of operative intervention as Dr. S noted that the claimant was two weeks "post-op". Thus the need for the psychiatric evaluation is not clear making that assessment unnecessary. The FCE completed two weeks later would also be unnecessary as this is not required for entrance into a CPMP, and if the claimant was only recently pos-operative would be pre-mature at best. The billing dates for the FCE were identical so this appears to be a duplicative billing making that an unnecessary event. Lastly, it is not clear if the care of this claimant was transferred to Dr. S. If so, there is no documentation denoting the need for a 60 minute assessment to prescribe Vicodin and Soma.

In summary, each of the items noted is not medically necessary and there is a lack of competent, objective and independently confirmable medical evidence to support the requests.